

[Date]

[Borrower Name]

[Address Line 1]

[Address Line 2]

RE: Final Approval of Medical Financing - Loan Account #[Loan Number]

Dear [Borrower Name],

We are pleased to inform you that your application for medical procedure financing has been officially approved. This letter serves as your formal confirmation of funding for the following procedure: [Name of Medical Procedure].

Loan Summary:

- **Total Approved Amount:** \$[Amount]
- **Interest Rate (APR):** [Percentage]%
- **Loan Term:** [Number of Months] months
- **Monthly Payment:** \$[Amount]
- **First Payment Due Date:** [Date]

Provider Information:

- **Medical Facility/Doctor:** [Provider Name]
- **Disbursement Date:** [Date funds will be sent to provider]

Next Steps:

The funds will be disbursed directly to your medical provider on the date listed above. No further action is required from you at this time. Please ensure you keep a copy of the signed Loan Agreement for your records.

If you have any questions regarding your repayment schedule or account management, please contact our customer service department at [Phone Number] or visit [Website].

We wish you a successful procedure and a speedy recovery.

Sincerely,

[Sender Name]

[Title]

[Financing Company Name]